



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 6
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	02 June 2023
Centre ID:	OSV-0008207
Fieldwork ID:	MON-0038907

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre is a community based residential house that can accommodate up to four residents from 18 years of age and above to both male and female adults. The centre is managed by a person in charge. Staff in the centre support the residents living in the centre on a full-time basis and they are a mixture of support workers, social care workers and nurses. The centre is a bungalow and each resident has their own bedroom. There are two bathroom facilities that residents share. There is one internal sitting room and there is also a garden cabin which provides an additional living space for recreational use for residents. Residents have access to a well-proportioned back garden with seating area.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 2 June 2023	10:05hrs to 17:30hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the *National Standards for Infection Prevention and Control in Community Services* (2018) (the national standards) and the associated regulation (Regulation 27: Protection against infection).

The inspector observed there were some good IPC practices and arrangements in place and staff were appropriately trained in order to support residents living in the centre. However, some improvements were required in relation to some IPC audits, cleaning, risk assessments and symptom observations. These identified issues will be discussed further in the report.

On arrival at the centre, the inspector observed the IPC practices that were in place. For example, visitors were to sign a visitors' book and hand sanitiser was located in the hallway.

The inspector observed the centre staff were no longer using face masks throughout the course of their daily shifts since public health guidance was updated. The staff member on duty that welcomed the inspector confirmed that there was no requirement for face masks to be used within the centre.

The inspector met and spoke with the person in charge and two of the staff members who were on duty throughout the course of the inspection. The inspector had the opportunity to meet with all four residents that lived in the centre. On the day of the inspection, one resident relaxed with staff in the centre as they were tired. Another resident went for a walk along a canal and had a coffee out and the other two residents went to a local park.

The inspector completed a walk-through of the premises. The centre had a reasonably sized back garden which contained a seating area and some raised vegetable and flower beds. Each resident had their own bedroom which had sufficient storage facilities for their belongings and residents shared the two bathroom facilities. There were suitable arrangements in place to support hand hygiene, such as disposable hand towels. The centre was clean and tidy in most areas, however, the inspector observed some areas that required a deeper clean and some areas required repair. These areas will be discussed further in the report.

At the time of this inspection, there were no IPC related complaints. There had been one recent admission to the centre and the resident appeared to have settled well. The person in charge confirmed that there were no restrictions in place for visiting the centre.

Residents were supported during the COVID-19 pandemic to undertake safe recreational activities, for example, picnics, going for drives and takeaways. Since

government restrictions were lifted, residents had been supported to participate in additional activities of interest to them. For example, residents were now going out for lunches, visiting the local library and having reflexology.

Residents' were kept informed of information that affected them and this in turn promoted their rights. For example, there were some easy-to-read posters and information regarding the flu vaccine and other IPC information available. Staff members completed weekly meetings with residents and most meetings included information on IPC. For example, some minutes of meetings demonstrated that residents were informed when there was an outbreak of COVID-19 in the centre and precautions as a result of the outbreak were explained to them. From documentation and communication with the person in charge, the inspector found that staff had supported a resident with a desensitisation programme in order to support them to have blood tests conducted and receive vaccines.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

## Capacity and capability

In general, the inspector found that the provider was demonstrating that they had the capacity and capability to provide care and support in a manner that reduced the risk of healthcare associated infections. However, some improvement was required to IPC auditing and in risk assessments.

The provider had an overarching IPC policy and associated policies and procedures in place to guide staff and the policy had recently been reviewed.

The provider had arrangements for an annual review and six-monthly provider-led visits in order to monitor compliance levels in the centre. The findings of the annual review and the two most recent provider-led visit reports were reviewed by the inspector with the most recent provider-led visit occurring in December 2022. COVID-19 was reviewed at both provider visits. The centre had received an IPC only audit from a person external to the centre in May 2023, however, the auditor did not have any additional IPC training in order to complete the audit.

The person in charge was the appointed IPC lead in the centre and they had completed a self-assessment tool against the centre's current IPC practices. There was a nominated staff member identified in the centre who had received additional IPC training and they had extra IPC responsibilities. The nominated staff completed monthly audits in this area. However, some audits were ticking off information as applicable when some practices were no longer in place, for example, that staff were still wearing masks when they were not at the time of the audit. Additionally, audits did not pick up on many of the issues identified by the inspector. This did not

assure the inspector as to the robustness of the auditing in place.

The IPC staff champion had completed some hand hygiene observations with some staff. However, at the time of this inspection, staff members were yet to receive hand hygiene competency assessments by an appropriately trained person. However, the organisation had a plan in place to have all nominated IPC champions in each centre to be trained to undertake hand hygiene competencies by September 2023. Following the training those staff would then complete hand hygiene competencies with staff members in the centres they worked in.

The centre had an outbreak management plan and associated isolation plans in place, which outlined the steps to be taken in the event of a suspected or confirmed outbreak of a notifiable illness. Two staff members spoken with outlined the procedures to follow in the event of an outbreak of an infectious illness in the centre.

In addition to the outbreak management plan, there were a number of risk assessments conducted with regard to IPC and control measures listed. Some risk assessments required review to ensure all information was up to date. For example, some discussed isolation units which were no longer in place.

There were regular team meetings occurring at which IPC was discussed. The centre had an adequate number of staff in place to meet the assessed needs of the residents and there was a staffing contingency plan available if required. Staff in the centre had additional responsibility regarding housekeeping and environmental hygiene and there were sufficient staff employed in the centre to ensure the centre could be cleaned and maintained on a daily basis.

The provider had ensured that the staff team had access to a suite of IPC training to aid them in their role in preventing a healthcare related infectious illness within the centre. For example, staff had completed training on respiratory hygiene and cough etiquette and standard and transmission based precautions. One staff member was due to complete some training and the person in charge confirmed that they completed them in the days after the inspection.

## Quality and safety

The governance and management systems had ensured that for the most part that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. However, some improvements were required with regard to symptom observations, storage and cleanliness of some resident's equipment, cleaning and cleaning checklists.

Each resident had a hospital passport document in the case they needed to attend

the hospital in order to communicate their needs. Staff members spoken with were familiar regarding residents' assessed needs.

From speaking with staff members and reviewing documentation residents had timely access to allied healthcare professionals as required. In addition, there was a nurse available daily for the centre.

There were systems in place to facilitate good hand hygiene, for example, disposable towels, warm water and soap for hand washing were available in the centre. In addition, hand sanitising gel was available in several locations throughout the centre and were all found to be working.

The centre had sufficient stocks of PPE in case required and more was available from a central location if needed.

The inspector was informed that there was no system in place where staff were monitoring and recording symptoms for themselves or residents which may help to identify early symptoms of infectious illnesses.

The person in charge and a staff member spoken with were aware of the waste management practices in place in the centre. For example, to use clinical waste bags and where to store them in the case of a confirmed infectious illness. The centre had a designated utility room where staff completed laundry using a domestic washing machine. Staff communicated to the inspector that they were aware of how to launder contaminated items. For example, what temperatures were required and to use water-soluble laundry bags for the laundering of contaminated garments if required.

The inspector completed a walk around of the centre. It was found to be generally clean and tidy, however, some areas required a more thorough clean. For example, a basin used to support a resident with their personal care was observed to have some pooled water in it. The washing machine detergent drawer was observed to have some mildew in it. Mildew was also observed around some window areas, such as around the window and door in the utility room, the window in the dining area and the office window. There were no pillow protectors on some pillows the inspector looked at and two pillows were observed to have stains on them. In addition, some equipment used to support residents were found to be either stored inappropriately or stored away but observed to be dirty. For example, the mask and tubing of the nebuliser machine and a reusable syringe were observed to have water droplets in them and a resident's toothbrush holder was observed to have toothpaste residue on it but was signed off that day to say it was cleaned. Additionally, some gaps in the documentation of cleaning was observed in the centre's cleaning checklist.

The protocol in place for cleaning the sleep apnea machine mistakenly stated that the equipment was to be cleaned twice a week instead of after each use. In addition, it was not included on the centre's cleaning checklist and the mask although stored away was observed to have mucus on it.

In addition, some areas required repair or replacement in order to ensure they were



conducive for cleaning, for example, the back rest of the toilet support cushion has some minor tears, one resident's radiator was observed to have some areas of rust and some areas of it were separating from the main part of the radiator. Furthermore, some walls and door frames required areas filled and repainted. The person in charge assured the inspector that the walls and door frames were planned for repair and repaint in the summer months.

There was a colour-coded system in place for cleaning the centre to minimise cross contamination and guidance was prominently displayed for staff. For example, colour-coded cloths and mop heads were used to clean specific areas. Staff spoken with were familiar as to each colour to be used for each area. However, the inspector observed that some buckets used to clean the centre were observed to have residue or dirt in them. In addition, two colour coded chopping boards were not present as per the guidance in place for staff.

Learning from outbreaks from other centres and information on IPC was shared at IPC management meetings and this information was filtered down to centre managers for additional learning opportunities. The person in charge had completed an outbreak analysis after the centre's last outbreak of COVID-19 in the centre and the centre had been deep cleaned after the last outbreak by an external company.

## Regulation 27: Protection against infection

The inspector observed that there were good arrangements and practices in place to manage infection control risks. Some improvement was required to ensure that the centre was fully in line with the regulations and standards.

Areas requiring improvement included:

- some equipment used to support residents were not always stored appropriately or found to be clean
- some gaps were observed in the centre's cleaning checklist and some equipment used to support a resident required addition to the checklist
- improvements were required to ensure all surfaces and items were clean and conducive for cleaning, for example, slight mildew was observed, the whirlpool bath required further cleaning and there was some peeling surface and rust observed on part of the whirlpool bath
- to ensure audits completed contained accurate information in order to ensure that they were not used as tick box exercises, to ensure that the audits were robust and that a person with appropriate IPC training completes a periodic IPC audit of the centre
- there was no system in place to monitor staff or residents for signs and symptoms of respiratory illness or changes in their baseline condition
- two colour coded chopping boards were required as per the centre's own guidance
- some risk assessments required review to ensure all information was up to

date.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Mullingar Centre 6 OSV-0008207

Inspection ID: MON-0038907

Date of inspection: 02/06/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Areas requiring improvement included:</p> <ul style="list-style-type: none"> <li>• some equipment used to support residents were not always stored appropriately or found to be clean</li> </ul> <p>Response:</p> <p>Equipment used to support individuals such as CPAP machine and nebuliser now have cleaning schedules in place. The Rep from the CPAP machine came to House and discussed cleaning and storage with staff. Cleaning protocol written up for staff team to follow. New storage containers purchased for equipment. Completion date: 10/07/2023</p> <ul style="list-style-type: none"> <li>• some gaps were observed in the centre's cleaning checklist and some equipment used to support a resident required addition to the checklist.</li> </ul> <p>Response:</p> <p>Talked at staff meeting on 24/06/2023 re same. Residential leader will oversee on a monthly basis to ensure that cleaning checklists are signed. Residential leader will follow up with staff on duty where there were gaps. Equipment used to support individuals such as CPAP machine and nebuliser now have cleaning schedules in place. Completion date: 10/07/2023</p> <ul style="list-style-type: none"> <li>• improvements were required to ensure all surfaces and items were clean and conducive for cleaning, for example, slight mildew was observed, the whirlpool bath required further cleaning and there was some peeling surface and rust observed on part of the whirlpool bath.</li> </ul> <p>Response:</p> <p>A weekly checklist is now in place for observing and cleaning as per guidance of mould</p>	

and mildew.

A maintenance request is gone to the maintenance team re sanding door frames and repainting the doors to ensure the areas are conducive for cleaning. Also staff team spoken to re the importance of cleaning bath as part of daily cleaning as per cleaning schedule. New Pillow protectors and pillows have been purchased and are in use. OT contacted to review rust around one part of whirlpool bath, rubber has come loose. Completion date: August 11th 2023.

- to ensure audits completed contained accurate information in order to ensure that they were not used as tick box exercises, to ensure that the audits were robust and that a person with appropriate IPC training completes a periodic IPC audit of the centre.

Response

. A 6 month IPC audit in line with policy will be conducted in July 2023 by an appropriately trained external person - completion date 31st July 2023.

Audits will be reviewed by PIC and followed up during random spot check. Inaccurate information will be addressed by the PIC - completion date 30th August 2023.

Audit templates and process in place in relation to IPC will be reviewed in conjunction with organisational policy, PIC, IPC link staff and organisational IPC lead nurse to ensure their effectiveness and validity - completion date 28th September 2023.

- there was no system in place to monitor staff or residents for signs and symptoms of respiratory illness or changes in their baseline condition.

Response:

Staff will continue to follow organisational policy as guided by IPC lead nurse and senior leadership team in relation to reporting symptoms, sick leave procedure and absence reporting. Staff will continue to follow contingency plan and advise on call personnel/PIC should they experience symptom onset on shift. Staff are trained in IPC related course modules as per organisational policy and are aware of and adhere to all IPC related organisational policies which describe and identify symptoms and precautions associated with covid 19, and other communicable diseases. AMRIC were contacted and responded to say that a risk assessment should be completed and as appropriate be reflected in the local risk register for the area and escalated through the management/ governance structure for that area.

Discussed at staff meeting on 24/06/2023 to record in epic care if resident is presenting as unwell.

Completion date for residents symptom check:10/07/2023

Completion date: Risk assessment for symptom check for staff completed and in place since 10/07/2023

- two colour coded chopping boards were required as per the centre's own guidance-

Response:

All chopping boards have now been replaced and include the 2 colours that were missing.

Completion date: 10/07/2023.

- some risk assessments required review to ensure all information was up to date.

Response:

IPC Risk assessment completion date: 10/07/2023.

Symptom checker risk assessment completion date: 10/07/2023



**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2023